

Section 1: Demographics

Scenario Title: Should not be clinical name (e.g., Acute MI, or Pancreatitis). Scenario title should also be added to the header at the top of this page; it is only entered once and will appear on subsequent pages.

Simulated Patient Name(s): Do not use “funny” or “celebrity” names. Patient name should also be added to the header at the top of this page; it is only entered once and will appear on subsequent pages.

Simulated Patient Age:

Developer: Include names of all developers

Developer Email: Include a contact email or phone number. If someone else wants to use this scenario they should contact developer first.

DATE	
Developed	This is for office use only. Do not fill in.
Approved	
Reviewed	

TIME	
Setup	
Simulation	
Debrief	
TOTAL	

Section 2: Curricular Information

Target Learner Groups

Who are target learner groups? This may be one group (nursing students) or multiple groups (CRNA students and Anesthesiology Residents).

Learner Objectives

At the end of the session, learners should be able to...

Be careful not to include too many objectives. Two to five objectives is typical.

Learner Pre-Simulation Activities/Assignments

This box may be deleted if it is not applicable.

Learner Post-Simulation Activities/Assignments

This box may be deleted if it is not applicable.

Scenario Synopsis for Facilitator

This is a general overview of the case. One to five sentences should be enough for this general overview. Details of scenario are found in Section 5.

Type of Debriefing

Indicate type of debriefing that will occur. This is usually **Advocacy Inquiry (A/I)** or **Plus/Delta (+/Δ)**. If using another debriefing style, please indicate.

Section 3: Setup

Simulator / Scenario / Files	AV Considerations
<p><i>Simulator to use:</i> Indicate simulator(s) to use. Examples include mannequin, hybrid, SP, task trainer, etc. If necessary indicate specific simulator (HPS, 3G, Blue Phantom CVL, etc)</p> <p><i>Patient to use in Computer:</i> This only applies if there is a patient saved in computer that the technician should begin scenario with. Usually needed for CAE (METI) simulators. Can delete this line if not applicable.</p> <p><i>Scenario Title in Computer:</i> This only applies if there is a scenario saved in computer that the technician should use. Can delete this line if not applicable.</p> <p><i>Supporting Files, Documents, etc:</i> If there are additional files to support this case, indicate the file names and brief description here. For instance, x-rays, lab results, patient chart, etc).</p>	<p><i>Video Recording:</i> YES / NO <i>Video Streaming:</i> YES / NO <i>Debrief Recording:</i> YES / NO <i>Other:</i></p> <p>Indicate if scenario should be recorded. Indicate if scenario needs to be streamed. This is usually only necessary if learners are watching from classroom, etc. Debriefings are typically not recorded. If debriefing should be recorded, indicate here. Indicate other AV considerations (need headsets for ESPs, need special sounds, etc)</p>

Initial Simulator Setup	
The technician will use this information in setting up the room. Lines should be deleted if not applicable. Lines may also be added if needed.	
<i>Clinical Setting</i>	For example: trauma bay, operating room, outpatient clinic, etc
<i>Bed Type</i>	For example: stretcher, hospital bed, OB bed
<i>Body Props</i>	If scenario requires props for simulator, include here. For example: abdomen roll for simulating ascites, watch on right arm, etc. Include mannequin clothings: high top tennis shoes, hospital gown, etc
<i>Body Position</i>	For example: mannequin be sitting up, lying flat, etc
<i>IV Access</i>	Should an IV be in place at start of simulation? How many? If gauge and position are important to scenario, include those details here.
<i>Wounds/Dressings</i>	Should there be wounds or dressings on mannequin at start of case?
<i>Moulage</i>	Is any moulage required for scenario? If so, indicate here.
<i>Wig</i>	Include type of wig, if applicable.
<i>Arm Band</i>	Indicate arm band and any applicable details (location, etc)
	Extra lines are included for you to add setup items not in list. Delete this line if not needed.

Monitors	NOTES
<i>Heart Rate</i>	Delete line if any monitor listed is not needed for the scenario. If monitor is needed, in "Notes" section you should indicate things like: <ul style="list-style-type: none"> on patient at start of case in room, but not attached to patient out of room but available for scenario if needed. If monitors are not required for the scenario, you should delete this table.
<i>NIBP</i>	
<i>Arterial Line</i>	
<i>CVP</i>	
<i>Respiratory Rate</i>	
<i>Oxygen Saturation</i>	
<i>End Tidal CO₂</i>	
<i>Temperature</i>	

Equipment / Supplies	NOTES
Additional supplies and equipment needed should be indicated here. Add lines as needed. For example:	
<i>Nasal Cannula</i>	<i>Attached to patient. Running at 2L/min</i>
<i>1L Bag Normal Saline</i>	<i>Hanging in room, not attached to patient</i>
<i>Code Cart</i>	<i>Should be available, but out of room</i>
<i>Arterial Line Kit</i>	<i>Should be available if requested by learner</i>

Additional Setup/Environmental Notes:
<p>Additional setup or environmental notes not in tables above should be included here. For example:</p> <ul style="list-style-type: none"> • <i>Wheelchair should be at bedside.</i> • <i>Photos of patient's family should be hanging on bed rails.</i> • <i>Window blinds should be closed</i>

Section 4: Prebrief

Prebrief Information

Learners should be oriented to the simulation and environment through a prebrief. This is information given to learners prior to the simulation. Suggested items to cover in prebrief include:

- Welcome (Restrooms, pagers, cell phones, time line)
- Purpose of Simulation
- Video / Photo Release (if applicable)
- Confidentiality and Safe Learning Environment
- Mannequin Features
- Embedded Simulation Persons
- Fiction Contract
- Debriefing
- Basic Assumption
- Safety Phrase
- Questions from learners

The level to which each of these items is covered is dependent on learner's experience with simulation. We recommend at least a cursory explanation of each item, however.

A list of items to be covered (as example above) is sufficient to complete this box in the scenario template. You may add as much or as little detail as you think is applicable.

Scenario Stem for Learner

This is the case stem that is given to the learners before they walk into the room. The facilitator or educator may read this stem to the learners as part of the prebrief or the stem may be printed and handed to the learners before they begin the simulation.

For example:

This is a 29 year old male that presented to the Emergency Department 1 hour ago with abdominal pain. His girlfriend is in the room with him.

(This is a very short stem, you may wish to give more information depending on the scenario)

Section 5: Scenario Information

Summary plot of scenario for director or facilitator

This a summary plot of the scenario for use by the scenario director or facilitator. The director or facilitator typically requires more detail than was provided in scenario synopsis (Section 2) and they will get that information here.

Director or facilitator will review this plot when preparing for the simulation. They also can reference this as the simulation is being delivered to ensure they are on course.

This plot is typically multiple paragraphs.

Patient history for voice operator (mannequin only)

The box can be deleted if a mannequin is not being used or if the mannequin will not have a voice.

The voice operator will review this box before and during the simulation to know pertinent patient history. For example:

- *Allergy to penicillin, do not know reaction*
- *No other medical history*
- *No past surgeries*
- *Belly pain began two hours ago after eating a hamburger*
- *It is a sharp burning pain*
- *Ankles have swollen and have been for 2 weeks*

Patient physical for ESP (usually nurse ESP, mannequin only)

The box can be deleted if a mannequin is not being used or if there will not be an ESP in the room that will report physical findings.

This box is intended to provide physical findings that the learner may not be able to detect on mannequin so they need to be provided by ESP in the room.

The ESP will review this box before and during the simulation to know pertinent patient physical findings. For example:

- *2+ pitting edema in ankles bilaterally*
- *Capillary refill is delayed*
- *Pt is diaphoretic*
- *Temperature is 39*
- *Reflexes are diminished throughout*

Scenario Progression:

The technician or mannequin operator will use this scenario progression to program the computer and make changes as needed during the simulation. Any elements not required may be deleted. An example is provided below

Baseline:				Time: 5 mins				Sounds		
HR	Rhythm	BP	O2 Sat	RR	Pulses	Temp	Eyes	Lung	Heart	Bowel
101	NSR	139/47	98	16	present	39.5	open	clear	RRR	hypoactive
Patient vocalizations: <i>My belly really hurts. Get my girlfriend out of here. Can I have pain meds?</i>										
Expected learner actions: <i>Initial physical assessment of patient, call MD for pain meds</i>										
Operator notes/prompts: <i>When abdomen is pressed, HR may increase and patient may scream</i>										
Transition to next state: <i>After pain meds are given or 5 minutes elapses.</i>										

State 1: <i>Appendix Rupture</i>				Time: 5 mins				Sounds		
HR	Rhythm	BP	O2 Sat	RR	Pulses	Temp	Eyes	Lung	Heart	Bowel
129	NSR	119/39	97	4	present	39.5	closed	clear	RRR	hypoactive
Patient vocalizations: <i>no vocalizations, patient is asleep</i>										
Expected learner actions: <i>recognize unconsciousness, call MET team, intubate</i>										
Operator notes/prompts:										
Transition to next state: <i>After intubation or 5 minutes elapses</i>										

State 2:				Time:				Sounds		
HR	Rhythm	BP	O2 Sat	RR	Pulses	Temp	Eyes	Lung	Heart	Bowel
Patient vocalizations:										
Expected learner actions:										
Operator notes/prompts:										
Transition to next state:										

Unused State tables should be deleted.
 Additional State tables may be added if needed.
 Scenario progression may continue on next page.

Section 6: Embedded Simulation Persons (ESP)

ROLE	Simulated Name	NOTES
Each ESP should be included in this table. Unused rows should be deleted. Example is provided		
<i>Nurse</i>	<i>Jackie</i>	<i>Should wear blue scrubs and have on gloves</i>
<i>Girlfriend</i>	<i>Lindsay</i>	
<i>ED attending</i>	<i>Dr. Scott</i>	<i>Enters scenario when summoned by learner</i>

Scenario Description, Background, Progression for ESP

ESPs typically do not need the same level of scenario detail as required by facilitators or scenario director. (The exception is the ESP nurse which does require additional information and that is provided in Section 5 above)

This box should include only the information about the scenario that's pertinent for the ESP's understand this scenario. This box can be printed and given to the ESP ahead of time so they will understand the general progression of the scenario.

In some cases this may be similar to (or the same as) the "Scenario Synopsis for Facilitator" from Section 2.

This box should be deleted if it is not applicable.

Role-specific ESP Information:

ROLE:	Information, Frames, Cues, Phrases
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These boxes provide the ESP with role-specific information for the scenario. The intention is to provide this information to the ESP prior to the scenario. One option is to print, cut, and then hand the specific role information to the corresponding ESP.

These boxes should be deleted if your scenario does not utilize ESPs.

The boxes may be copied and pasted if additional ones are needed.

An example is included below:

ROLE: <i>Girlfriend</i>	Information, Frames, Cues, Phrases
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You are very upset with patient because you found out yesterday that he cheated on you last year with one of your best friends. You take some pleasure in the fact he is in pain; you think it's karma. Even so, as he declines and becomes unconscious you do become concerned and your anger turns toward hospital staff saying things like "why aren't you helping him" and "you better fix him, I'm not done with him yet."

If team attempts to intubate, you become very concerned that they may be intentionally harming him. You think they may be doing something that is not necessary. You may say things like "I'm really not made at him, don't hurt him." During this time you insist on staying at the bedside.

Section 7: Debriefing Plan

If you plan to use Advocacy Inquiry for debriefing, it may be helpful to complete portions or all of the debriefing plan below as part of the scenario planning process. This plan is the same as the "Debriefing Guide" that can be found in UAB's simulation centers. It may be helpful to print this page (whether filled out or blank) to be used by the debriefer.

Often times we don't know in advance what our Advocacy Inquiry statements will be, so it may be difficult to complete this as part of the planning process. Sometimes, however, we have a good idea, based on experience, what the A/I statements will be and we can sketch them out here. If other facilitators use this scenario, it may be helpful for them to see the types of A/I statements you have used in the past.

REACTIONS: The purpose of this section is to clear the air so a learning conversation can occur. Try to tie reactions to learning objectives you plan to cover. Try to frame in emotions. **NOT WHAT DID YOU THINK, How do you feel?**

FACTS: Give basic facts of case so learners don't spend debriefing time debating or wondering what was going on with patient. More advanced learners can give report. This should be no more than 3 sentences, brief facts of the case.

PREVIEW: In one or two sentences, give learners preview of the main topics you will cover in debriefing. These can be broad such as communication, patient safety, and management of SVT or they can be specific such as recognizing signs and symptoms of pancreatitis and understanding resources related to new diagnosis of HIV. Purpose is to let learners know where you are headed.

UNDERSTAND & EXPLORE: Begin each new objective with AI question trying to understand, explore, discuss, and generalize learners' frames. Remember this is **I saw / I thought / I wonder**. Be sure to let learners know when you are shifting from one objective to the next.

SUMMARY: Ask learners to summarize their "take-aways."

What worked well?

What will you change for next time?

What are some things from today that you will incorporate into your clinical practice?

Section 7: Facilitator Information

Basic Science, Clinical Information, or other Background that will be helpful for facilitator/debriefer

The intention of this section is to include basic science or other background information that may be helpful for facilitators and/or debriefers. For instance, let's say you're developing a seizure scenario for medical students and you know there will be multiple facilitators with varying knowledge and experience dealing with seizures. You may use this space to provide the basics: types of seizures, underlying pathophysiology, treatment options, etc. so the facilitator/debriefer can refresh their knowledge before coming to the sim lab.

This is NOT to be used as a learner handout. Learner handouts should be separate files and noted in Section 3 "Supporting Files, Documents, etc"

This is NOT to be used as a debriefing guide.

This is NOT to be used as a "lecture outline." As a general rule there should be no lecturing in simulations and/or debriefings.

This section/box should be deleted if not applicable.